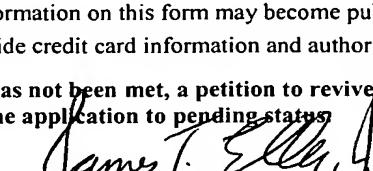


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|---|--|---|--|--|
| FORM PTO 1390<br>(REV 10-2003)  |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE |  | ATTORNEY'S DOCKET NUMBER<br>4953-0106PUS1              |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371  |  |   |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br>NEW |
| INTERNATIONAL APPLICATION NO.<br>PCT/IB2004/000279  | INTERNATIONAL FILING DATE<br>4 February 2004 | PRIORITY DATE CLAIMED<br>5 February 2003                |  |  |
| TITLE OF INVENTION INTEGRATED SYSTEM FOR DETECTING AND MATCHING FINGERPRINTS  |  |   |  |  |
| APPLICANT(S) FOR DO/EO/US Marco IORI  |  |   |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |  |   |  |  |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))<br/>       a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).<br/>       b. <input type="checkbox"/> has been communicated by the International Bureau.<br/>       c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).<br/>       a. <input type="checkbox"/> is attached hereto.<br/>       b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))<br/>       a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).<br/>       b. <input type="checkbox"/> have been communicated by the International Bureau.<br/>       c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br/>       d. <input checked="" type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</p> |  |   |  |  |
| Items 11 to 20 below concern document(s) or information included:   |  |   |  |  |
| <p>11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: Drawings - Ten (10) Sheets</p>  |  |   |  |  |

| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)  |              | INTERNATIONAL APPLICATION NO. |          | ATTORNEY'S DOCKET NUMBER      |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
|--|--------------|-------------------------------|----------|-------------------------------|----|--------|--------------|--------------|------|--------------|---------|----|---------|-------------|--------------------|-------|--|---|---------|--|--|--|----------|-----------|--------------------------------------|--|--|--|-------------|--|--|--|--|----|-------------------|--|--|--|-------------|--|--|--|--|----|-----------------------------|--|--|--|-------------|---|--|--|--|------|------------------------------|--|--|--|-------------|--|--|--|--|-------------------------------|----|--|--|--|--|-----------------|----|
| 104511160<br>NEW   |              | PCT/IB2004/000279             |          | 4953-0106PUS1                 |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <p><b>21. <input checked="" type="checkbox"/> The following fees are submitted:</b></p> <p><b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) – (5)):</b></p> <p><input checked="" type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO ..... \$1080.00</p> <p><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO ..... \$920.00</p> <p><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$770.00</p> <p><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... \$730.00</p> <p><input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) ..... \$100.00</p>   |              |                               |          |                               |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b><br>Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).<br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">CLAIMS</th> <th style="width: 25%;">NUMBER FILED</th> <th style="width: 25%;">NUMBER EXTRA</th> <th style="width: 25%;">RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>86-20 =</td> <td>66</td> <td>x 18.00</td> <td>\$ 1,188.00</td> </tr> <tr> <td>Independent claims</td> <td>2-3 =</td> <td></td> <td>x</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="3"><b>MULTIPLE DEPENDENT CLAIM(s) (if applicable)</b></td> <td>+ 300.00</td> <td>\$ 300.00</td> </tr> <tr> <td colspan="4"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$ 2,728.00</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.</td> <td>\$</td> </tr> <tr> <td colspan="4"><b>SUBTOTAL =</b></td> <td>\$ 2,728.00</td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).</td> <td>\$</td> </tr> <tr> <td colspan="4"><b>TOTAL NATIONAL FEE =</b></td> <td>\$ 2,728.00</td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</td> <td>+ \$</td> </tr> <tr> <td colspan="4"><b>TOTAL FEES ENCLOSED =</b></td> <td>\$ 2,728.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;"><b>Amount to be refunded:</b></td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;"><b>charged:</b></td> <td>\$</td> </tr> </tbody> </table> |              |                               |          |                               |    | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total claims | 86-20 = | 66 | x 18.00 | \$ 1,188.00 | Independent claims | 2-3 = |  | x | \$ 0.00 | <b>MULTIPLE DEPENDENT CLAIM(s) (if applicable)</b> |  |  | + 300.00 | \$ 300.00 | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | \$ 2,728.00 | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½. |  |  |  | \$ | <b>SUBTOTAL =</b> |  |  |  | \$ 2,728.00 | Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). |  |  |  | \$ | <b>TOTAL NATIONAL FEE =</b> |  |  |  | \$ 2,728.00 | Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property |  |  |  | + \$ | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | \$ 2,728.00 |  |  |  |  | <b>Amount to be refunded:</b> | \$ |  |  |  |  | <b>charged:</b> | \$ |
| CLAIMS   | NUMBER FILED | NUMBER EXTRA                  | RATE     |                               |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| Total claims   | 86-20 =      | 66                            | x 18.00  | \$ 1,188.00                   |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| Independent claims   | 2-3 =        |                               | x        | \$ 0.00                       |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <b>MULTIPLE DEPENDENT CLAIM(s) (if applicable)</b>   |              |                               | + 300.00 | \$ 300.00                     |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |              |                               |          | \$ 2,728.00                   |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.   |              |                               |          | \$                            |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <b>SUBTOTAL =</b>  |              |                               |          | \$ 2,728.00                   |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).   |              |                               |          | \$                            |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <b>TOTAL NATIONAL FEE =</b>  |              |                               |          | \$ 2,728.00                   |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property  |              |                               |          | + \$                          |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <b>TOTAL FEES ENCLOSED =</b>   |              |                               |          | \$ 2,728.00                   |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
|  |              |                               |          | <b>Amount to be refunded:</b> | \$ |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
|  |              |                               |          | <b>charged:</b>               | \$ |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <p>a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>2,728.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2448</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.</p>   |              |                               |          |                               |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <p><b>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</b></p>  |              |                               |          |                               |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <p>SEND ALL CORRESPONDENCE TO:</p> <p style="text-align: right;"><br/> <b>SIGNATURE:</b> _____<br/>           James T. Eller, Jr.<br/> <b>NAME:</b> _____</p>  |              |                               |          |                               |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <p>CUSTOMER NUMBER: 02292</p>  |              |                               |          |                               |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <p>October 14, 2004</p>  |              |                               |          |                               |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <p>39,538</p>  |              |                               |          |                               |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <p>/clb</p>  |              |                               |          |                               |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |
| <p>REGISTRATION NUMBER</p>   |              |                               |          |                               |    |        |              |              |      |              |         |    |         |             |                    |       |  |   |         |  |  |  |          |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |      |                              |  |  |  |             |  |  |  |  |                               |    |  |  |  |  |                 |    |